

Case Number:	CM15-0114499		
Date Assigned:	06/22/2015	Date of Injury:	08/21/2013
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who sustained an industrial injury on 08/21/2013. Current diagnoses include stenosis-spinal lumbar, and sprain sacroiliac. Previous treatments included medication management, injections, and physical therapy. Previous diagnostic studies include CT scans of the lumbar spine and pelvis, and x-rays of the lumbar spine, sacroiliac joints, and sacrum and coccyx. Report dated 05/19/2015 noted that the injured worker presented with complaints that included chronic low back pain and left lower extremity pain. Pain is aggravated by prolonged walking or heavy lifting. It is noted that medications and laying down reduce the pain and allow him to function better. Physical examination was positive for an antalgic gait. The treatment plan included requests for EMG of the bilateral lower extremity, prescription for pantoprazole, diclofenac sodium, gabapentin, and ducosate sodium, and follow up in 4 weeks. The physician noted that the injured worker has chronic low back pain and left lower extremity pain, and has been treated in the past with 2 lumbar epidural injections with temporary pain relief. Conservative treatments have failed which included physical therapy and surgery is not recommended. Disputed treatments include an electromyogram (EMG) of the bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Electrodiagnostic testing (EMG/NCS).

Decision rationale: EMG bilateral lower extremities is not necessary per the ODG and the MTUS Guidelines. The ODG states that an electrodiagnostic study is not necessary if radiculopathy is already clinically obvious. The ODG states that the EMG/NCS must be medically indicated. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Additionally, the request does not specify nerve conduction studies along with EMG testing. EMG testing alone cannot determine peripheral polyneuropathy. The history and physical exam do not reveal findings suggestive of a motor neuron disease, myopathy, peripheral polyneuropathy, or lumbar plexopathy. The history and physical are suggestive of radiculopathy in the left leg and do not necessitate RLE electrodiagnostic testing therefore the request for BLE EMG is not medically necessary.